

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only
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DOCUMENT # **999000094926**

1. Entity Name

Kit Gloves Management Inc.



FILED

11 MAY 27 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business No P.O. Box #

345 N. Shore Dr.

Suite, Apt. #, etc.

3. Mailing Address

345 N. Shore Dr.

Suite, Apt. #, etc.

CR2E034B (1/11)

4. FE Number

65-0957457

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Name

Chris Grotter

Street Address (P.O. Box Number is Not Acceptable)

345 N. Shore Dr.

City

Miami Beach

FL

Zip Code

33141

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

5/12/11

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$81.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

President
Chris Grotter
345 N Shore Dr. Miami Beach FL 33141

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

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AS/27

300207326543
05/06/11--01045--013 **150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

Chris Grotter President

5/12/11

305-322-5160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #